



SPRING TEST PREP WORKSHOPS

What you will find in this packet:

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Waiver of Liability Form (Spanish): Pg. 4

Medical Release Form: Pg. 5

Instructions for Completing Registration:

1. Print out the Waiver of Liability and Medical Release Form attached to this document (pages 3-5)
2. Fill out the forms completely with necessary information and signatures:

The image shows two forms from the University of California, Riverside Early Academic Outreach Program. The left form is the 'Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and the right form is the 'RELEASE FOR EMERGENCY MEDICAL TREATMENT AND MEDICATION AUTHORIZATION'. Both forms have arrows pointing to specific fields for parent and student information and signatures.

Parent Information/Signatures Student Information/Signatures

3. Return Completed Forms to the EAOP office **no later than 4:00pm on Wednesday, January 29, 2020**

Via Email

Scan completed documents and then send
to: javier.canas@ucr.edu

-OR-

Via Mail

Early Academic Outreach Program
2100B Student Services Bldg
900 University Ave
Riverside, CA 92521

Participant's name: _____

Please Print

UNIVERSITY OF CALIFORNIA, RIVERSIDE
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**EAOP Spring Test Prep Workshops
University of California, Riverside
February 8, 15, 22 and 29, 2020**

Waiver: In consideration of being permitted to participate in any way in **Spring Test Prep Workshops 2020** hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in **EAOP Spring Test Prep Workshops 2020** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in EAOP Spring Test Prep Workshops 2020. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in **EAOP Spring Test Prep Workshops 2020** and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Participant's Age (if minor) _____

Nombre del Participante: _____

(en letra de molde)

UNIVERSIDAD DE CALIFORNIA, RIVERSIDE
PROGRAMA DE RECURSOS ACADEMICOS AVANZADOS DISPONIBLES EN LA COMUNIDAD (EAOP)

EAOP Spring Test Prep Workshops
University of California, Riverside
February 8, 15, 22 and 29, 2020

Renuncia de Responsabilidad, Asunción de Riesgo, y Acuerdo de Indemnización

Renuncia: A cambio de que se me permita participar en cualquier capacidad en la actividad **EAOP Spring Test Prep Workshops 2020** yo, en mi nombre y en el de mis herederos, representantes o designados personales, por la presente relevo, renuncio, eximo, y acepto no demandar a los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes de responsabilidad de todo reclamo, incluyendo la negligencia de los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes, resultante de lesión, accidentes o enfermedades (inclusive la muerte) y pérdida de propiedad originada por, pero no limitada a, la participación en la actividad **EAOP Test Prep Spring Workshops 2020**.

Firma del padre o tutor del menor

Fecha

Firma del adulto participante

Fecha

Asunción de Riesgos: La participación en la actividad **EAOP Spring Test Prep Workshops 2020** conlleva ciertos riesgos propios de tales proyectos y actividades que no pueden ser eliminados a pesar del cuidado que se tome para evitar lesiones o daños. Los riesgos específicos varían de una a otra actividad, pero los riesgos pueden incluir:

1) lesiones menores tales como rasguños, magulladuras y torceduras; 2) lesiones mayores como lesiones a los ojos o pérdida de la vista, lesiones a coyunturas o a la espalda, ataques al corazón y contusión cerebral; 3) lesiones catastróficas, inclusive parálisis y muerte.

He leído los párrafos anteriores y se, comprendo y me doy cuenta de éstos y otros riesgos que son inherentes de la actividad **EAOP Spring Test Prep Workshops 2020**. Por lo presente afirmo que mi participación es voluntaria y que asumo, a sabiendas, todos los riesgos.

Indemnización y eliminación de responsabilidad: También estoy de acuerdo en INDEMNIZAR Y EXONERAR DE TODA RESPONSABILIDAD a los miembros de la Junta de Regentes de la Universidad de California de cualquier y toda reclamación, acción, demanda, procedimiento, costo, gasto, daño y responsabilidad, inclusive los honorarios de abogados resultantes de mi participación en la actividad **EAOP Spring Test Prep Workshops 2020** y de reembolsar estos costos en caso de incurrir tales gastos.

Derechos y obligaciones: El firmante además está de acuerdo específicamente con el hecho que la renuncia y el acuerdo de asunción de riesgos firmados en la presente se proponen ser tan amplios e inclusivos como permite la ley del estado de California y, que si cualquier parte de ellos se determina nula, se está de acuerdo en que el resto, sin embargo, mantendrá toda su fuerza y efecto.

Reconocimiento de entendimiento: He leído esta Renuncia de responsabilidad, asunción de riesgos y acuerdo de indemnización y entiendo por completo las condiciones y entiendo que estoy renunciando a derechos substanciales, incluyendo mi derecho a entablar una demanda. Reconozco que firmo este acuerdo libre y voluntariamente, y con mi firma indico que ésta es una renuncia completa e incondicional de toda responsabilidad de la manera más amplia permitida por la ley.

Firma del padre o tutor del menor

Fecha

Firma del adulto participante

Fecha

Edad del participante (si es menor de 18 años) _____

University of California, Riverside
Early Academic Outreach Program
EAOP Spring Test Prep Workshops
2020

**RELEASE FOR EMERGENCY MEDICAL TREATMENT AND
MEDICATION AUTHORIZATION**
(PLEASE PRINT)

Student Name: _____

Name of School he/she attends: _____ **Grade** _____

Parent's/Guardian's Name: _____

Home Phone: () _____

Work/Emergency Phone: () _____

Insurance Company: _____

Policy Number: _____

The program provides an excess Accident insurance policy for each participant. The coverage payable under the University's policy is in excess of any other valid and collectible medical insurance that is in force on a participant.

I do ___ I do not ___ permit my child to be given aspirin or Tylenol when necessary.
(Please check one)

I authorize the use of the following medication(s): _____

Please list under what condition medication is to be taken and instructions for its use:

Print Parent/Guardian Name

Date

Parent/Guardian Signature